

PROJECT TEAM FORM

Submittal Date: _____

The Project Team Form is to be submitted with each stage of review. If no changes to the Project Team have occurred since the last stage of review, a copy of the previously submitted Form may be submitted with an updated Submittal Date.

ATTORNEY *This entity should be copied on all project correspondence* **YES** **NO**

Name: John J. Kupa Jr. Esq.

Name of Primary Contact (if attorney is an organization): _____

Address: 20 Oakdale Road, North Kingstown, RI 02852

Phone: 401-294-5566 Email: JohnKupaLaw@AOL.com

ENGINEER *This entity should be copied on all project correspondence* **YES** **NO**

Name: _____

Name of Primary Contact (if engineer is an organization): _____

Address: _____

Phone: _____ Email: _____

SURVEYOR *This entity should be copied on all project correspondence* **YES** **NO**

Name: American Engineering, Inc.

Name of Primary Contact (if surveyor is an organization): Matthew J. Cotta PLS

Address: 400 South County Trail - Suite A-201 Exeter, RI 02822

Phone: 401-294-4090 Email: DCotta@AmericanEngineeringRI.com

LANDSCAPE ARCHITECT *This entity should be copied on all project correspondence* **YES** **NO**

Name: _____

Name of Primary Contact (if landscape architect is an organization): _____

Address: _____

Phone: _____ Email: _____

ARCHITECT *This entity should be copied on all project correspondence* **YES** **NO**

Name: _____

Name of Primary Contact (if architect is an organization): _____

Address: _____

Phone: _____ Email: _____

OTHER *This entity should be copied on all project correspondence* **YES** **NO**

Name: _____

Role on Project: _____

Name of Primary Contact (if entity is an organization): _____

Address: _____

Phone: _____ Email: _____